Competences for Poverty Reduction
COPORE (EU-LLL) project

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84 million Europeans live below the poverty threshold. This violates EU principles of solidarity and social justice. **In response,** 2010 will be the “European Year for combating poverty and social exclusion”
Poverty is everybody’s problem
(Alison Campsie 2009)

Definition of Poverty:
A multi-dimensional and multi factorial phenomenon, deeply affecting human beings’ identity and capabilities, not solely based on income, but including basic needs, basic human rights and such intangibles as vulnerability, risk, inequality, marginalisation, discrimination, exclusion, a feeling of powerlessness, and the circumscribing of options and choices (Caritas Europe 2006, pg 16).
Background, Facts and Figures

- Almost 84 million Europeans live at risk of poverty, which means they face insecurity, and go without what most people often take for granted.
- 17% of EU citizens have such limited resources that they cannot afford the basics.
- Poverty also means having to cope with **limited lifestyle** choices that may lead to social exclusion.
- One European in ten lives in a household where **nobody works**. Even so, work does not always guard effectively against the risk of poverty.
- For 8% of Europeans, having a job is not enough to work one's way out of poverty.
- In most Member States, children are more exposed to this scourge than the rest of the population: 19% of children live under the threat of poverty; 19 million children are affected.
- Elderly people, disabled people and immigrants are at risk. In all categories, women are more affected than men.
People who are poor are also likely to endure:

- Poor health and reduced access to healthcare
- Reduced access to education, training and leisure activities
- Financial exclusion and over-indebtedness
- Limited access to modern technology, such as the Internet

(http://www.2010againstpoverty.eu/)
In Europe 15.9% of the young adolescents are unemployed.

One in six young people are still leaving school without any qualification, while there are fewer and fewer unskilled jobs available.

10% live in households where nobody works; 4% long term unemployment.
One in five live in substandard housing
The Enlargement of Europe is asking for different occupational therapy

Focus on: Solidarity and Cohesion in the community
Figure 3 – Perceptions of the reasons why people live in need, by country

Source: Bohnke, P., Perceptions of social integration and exclusion in an enlarged Europe.
Reduction of Poverty

The reduction of poverty is a process which goes far beyond material and financial assistance. It needs to include strategies to diminish vulnerability and discrimination and to promote social inclusion or participation in all life areas.
Why treat people and then send them back to the conditions that made them sick? (WHO-2007)
What are the social determinants of health?

General socio-economic, cultural and environmental conditions:
- Work environment
- Education
- Agriculture and food production

Social and community networks:
- Living and working conditions
- Unemployment
- Water and sanitation
- Health care services
- Housing

Individual lifestyle factors:
- Age, sex and hereditary factors
Multidisciplinary action within the frame of the European Year (2010) for combating poverty
Objectives of the COPORE project

• Develop a common language on social determinants of health and indicators of poverty
• Increase knowledge and experience of possible approaches
• Develop a shared set of competences and TLA approaches
• Relate education to society (service learning)
• Relate education to research
Survey of good practice/ projects

Grid of Good practice Criteria

– **Access to services**: Accessibility; Affordability; Proactive;
– **Comprehensiveness**: range of resources including health promotion and prevention interventions, as well as diagnosis and treatment or referral, chronic and long-term home care, and related to social, educational, occupational and other services/ centres?
– **Continuity of services**: Does the social and health service at community level use a consistent and coherent approach to the management of a client’s health, social and occupational status overtime that exceeds single episodes of service delivery?
– **Coordination of services**: Responsibility for a well-defined population (listed clients residing, legal or illegal, in a certain geographical area): Gate keeping role: Proactive role
– **Effectiveness and safety**: Is the service provided effective, morally justifiable and safe?
– **Multi-professional and intersectoral service delivery**: Are different professionals involved in the service delivery?
– **Person/people-centred service delivery**: Are people at the centre of service delivery in the social and health service at community level?

• **Community orientation and client/community-participation**: Do clients, families and/or communities actively participate in gathering information, planning actions/interventions and monitoring outcomes?
Selected Projects

• Addressing health inequalities, Bow Centre, London, UK
• ELSITO Empowering Learning for Social Inclusion through Occupation - a European Learning Partnership
• Safety House, Tilburg, NL
• Reducing youth worklessness through building bridges between university and labour market: the case of social work student practices, University of Tirana, Albania
• Miquel Marti I Pol project, University of Vic, ES
Student projects

• Spain: Information and Communication Technology: making/breaking a gap
• Turkey: Future Doctors about to Eliminate Differences; when you are healthy; you are equal
• Belgium: Cheque? Check!
• Bulgaria: Ending child poverty: take up the challenge
Exhibition(s)

• Paintings
  “Beeldend Gesproken” is specialised in art of professional artists with a psychiatric background. The gallery is leasing and selling art works and in this way it is supporting the artists to earn their living and to participate in society

• Photo exhibition based on 2 projects:
  • Participants in COPORE, from UVic and Caritas: Miquel Marti i Pol (MMP) project
  • Caritas photo-voice project
Working group themes

- Interdisciplinary approach in Social and Health care to prevent and/or combat poverty
- Community development and client participation approaches to addressing health inequalities
- Preventive and outreaching approaches
- Eradicating disadvantages in education
- Work and worklessness
Formulating core and specific competences following the tuning methodology

• Knowledge
  – Analyse the multifaceted phenomena of poverty, and its interrelationship with social exclusion, social determinants of health and health inequalities
  – Understand that the complex and multidimensional nature of exclusionary processes require structured and formal mechanism to manage political processes and action responses which cut across sectors (health, social, educational and financial)
  – Critically analyse the ethical dilemmas inherent in poverty, including issues of power, sustainable environments, legality
Strategies, Processes, Approaches

• Attend to all dimensions of exclusionary processes—social, political, cultural and economic—and the interactions between them when developing, implementing and evaluating policy and action

• Use a community approach which has a local, universal and comprehensive focus and respects cultural diversity

• Develop strategies to extend the current limits of practice, for example towards an integrated intersectoral approach
Collaboration and partnership

- Demonstrate respect for individual, group and community rights to freedom of choice, equality, confidentiality and cultural diversity
- Establish and maintain networks with key stakeholders
- Engage with clients, their families, carers and communities as partners in the management of change
- Recognise the complexity of communication and work to identify and overcome barriers
Expected Outcomes

• Learning from each other, exchange
• A set of agreed competences
• A booklet with descriptions, videos and pictures of good practices
• Stories, histories and voices of people and communities
Research leadership and management

• Appraise policy and participatory action research to tackle social exclusion

• Explore and develop creative research methods, such as photo voice, digital story telling, that are led by and include the community

• Manage and undertake robust and regular needs assessments that establish full understanding of current and future local health needs and requirements

• Adopt a participatory approach to leadership, including shared responsibility
Thank you for your attention

Wish you fruitful discussions in the workshops

www.enothe.hva.nl